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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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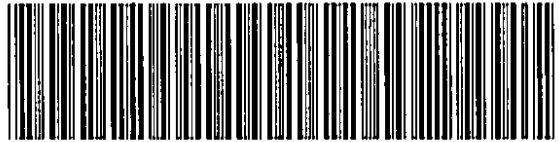
(Business Entity Name)

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AUG 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIAZ & ASSOCIATES INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cusuldo E. Broche
Name of Person

Diaz & Associates Investment LLC
Firm/Company

9880 SW 87 Ave.
Address

Miami, FL 33176
City/State and Zip Code

ozziebroche@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arlyn Broche at (305) 586-7586
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DIAZ + ASSOCIATES INVESTIGATORS LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>NON</u>	<u>Elizabeth Diaz</u>	<u>9026 NW 176th Ln</u>	<input type="checkbox"/> Add
		<u>Miami Lakes, FL 33018</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>NGR</u>	<u>Oswaldo Broche</u>	<u>9180 SW 87 Ave.</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33176</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____

Typed or printed name of signee